

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215521326		
1.) CORPORATION NAME: SCHOOL OF LIVING				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HERB GOLDSTEIN 3735 FRANKLIN RD SW UNIT 278 ROANOKE, VA		DUE DATE: 5/31/2015 SCC ID NO: F1254988 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY				
4.) STATE OR COUNTRY OF INCORPORATION: OH				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 215 JULIAN WOODS LANE CITY/ST/ZIP: JULIAN, PA 16844 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: DAVID NUTTALL TITLE: PRESIDENT ADDRESS: BOX 971 CITY/ST/ZIP/CO: WILMINGTON, DE 19899-0971		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: ANN WILKEN TITLE: CLERK SEC ADDRESS: 430 JULIAN WOODS LANE CITY/ST/ZIP/CO: JULIAN, PA 16844		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: DEBORAH FISHER TITLE: TREASURER ADDRESS: 290 JULIAN WOODS LANE CITY/ST/ZIP/CO: JULIAN, PA 16844		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: HERB GOLDSTEIN TITLE: ASST TREASURER ADDRESS: PMB 278, 3735 FRANKLIN RD SW CITY/ST/ZIP/CO: ROANOKE, VA 24014		<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: TONY CORAZZA TITLE: DIRECTOR ADDRESS: 131 BROAD WING TRAIL CITY/ST/ZIP/CO: LEXINGTON, VA 24450		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: RITA JANE KIEFERT TITLE: DIRECTOR ADDRESS: 121 OAKDALE CHASE CITY/ST/ZIP/CO: LEXINGTON, VA 24450		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN KUNKLE DIRECTOR 1045 OAKRIDGE DR LANESVILLE, IN 47136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MANGAN DIRECTOR 475 JULIAN WOODS LN JULIAN, PA 16844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN STUPSKI DIRECTOR 21300 HEATHCOTE ROAD FREELAND, MD 21053	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUNE YEATMAN DIRECTOR 182 OLD LIMESTONE RD OXFORD, PA 19363	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HERB GOLDSTEIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HERB GOLDSTEIN, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	5/29/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			